

Inpatient and Skilled Nursing Facility BEFs

<u>Element</u>	<u>Encryption Method</u>
NCH Near-Line Record Version Code	
NCH Near-Line Record Identification Code	
Beneficiary Claim Account Number	Encrypted
NCH Category Equatable BIC	
BIC	
Beneficiary Residence SSA Standard State Code	
Claim Through Date	Year/Quarter
Claim Query Code	
Provider Number	
NCH Payment and Edit Record	
Identification Code	
Claim Transaction Code	
Claim Facility Type Code	
Claim Service Classification Type Code	
Claim Frequency Code	
Beneficiary Residence SSA Standard County Code	
FI Number	
Beneficiary Sex Identification Code	
Beneficiary Race Code	
Beneficiary Birth Date	Ranged
CWF Beneficiary Medicare Status Code	
Claim Principal Diagnosis Code	
Claim Medicare Non-Payment Reason Code	
Claim Excepted/Non-Excepted Medical Treatment Code	
Claim Payment Amount	
NCH Primary Payer Claim Paid Amount	
NCH Primary Payer Code	
FI Requested Claim Cancel Reason Code	
FI Claim Action Code	
NCH Provider State Code	
Claim Attending Physician UPIN Number	Encrypted
Claim Operating Physician UPIN Number	Encrypted
Claim Other Physician UPIN Number	Encrypted
Claim MCO Paid Switch	
Patient Discharge Status Code	
Claim Diagnosis E Code	
Claim PPS Indicator Code	
Claim Total Charge Amount	
Inpatient/SNF Claim Diagnosis Code Count	
Inpatient/SNF Claim Procedure Code Count	
Inpatient/SNF Claim Related Condition Code Count	
Inpatient/SNF Claim Related Occurance Code Count	
Inpatient/SNF Claim Value Code Count	
Inpatient/SNF Revenue Center Code Count	
Claim Admission Date	Year/Quarter
Claim Source Inpatient Admission Code	
Claim Admitting Diagnosis Code	
NCH Patient Status Indicator Code	
Claim Pass Thru Per Diem Amount	
NCH Beneficiary Inpatient Deductible Amount	
NCH Beneficiary Part A Coinsurance Liability Amount	
NCH Beneficiary Blood Deductible Liability Amount	
NCH Blood Total Charge Amount	

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<u>Element</u>	<u>Encryption Method</u>
NCH Blood Non-Covered Charge Amount	
NCH Professional Component Charge Amount	
Claim Total PPS Capital Amount	
Claim PPS Capital HSP Amount	
Claims PPS Capital FSP Amount	
Claim PPS Capital Outlier Amount	
Claim PPS Capital Disproportionate Share Amount	
Claim PPS Capital IME Amount	
Claim PPS Capital Exception Amount	
Claim PPS Old Capital Hold Harmless Amount	
Claim PPS Claim PPS Capital Discharge Fraction Percent	
Claim PPS Capital DRG Weight Number	
Claim Utilization Day Count	
Beneficiary Total Coinsurance Days Count	
Beneficiary LRD Used Count	
Claim Non-Utilization Days Count	
NCH Blood Pints Furnished Quantity	
NCH Blood Pints Replaced Quantity (new)	
NCH Blood Pints Not Replaced Quantity	
NCH Blood Deductible Pints Quantity	
NCH Qualify Stay Through Date	Year/Quarter
NCH Beneficiary Discharge Date	Year/Quarter
Claim Diagnosis Related Group Code	
Claim Diagnosis Related Group Outlier Stay Code	
NCH DRG Outlier Approved Payment Amount	
Claim Diagnosis Code	
Claim Procedure Code	
Claim Procedure Performed Date	Year/Quarter
Claim Related Condition Code	
Claim Related Occurrence Code	
Claim Related Occurrence Date	Year/Quarter
Inpatient/SNF Claim Related Occurance Code Count	
Inpatient/SNF Claim Value Code Count	
Revenue Center Code	
Revenue Center Date	Year/Qtr.
Revenue Center APC/HIPPS	
Revenue Center HCFA Common Procedure Coding System Code	
Revenue Center HCPCS Initial Modifier Code	
Revenue Center HCPCS Second Modifier Code	
Revenue Center HCPCS Third Modifier Code	
Revenue Center HCPCS Fourth Modifier Code	
Revenue Center HCPCS Fifth Modifier Code	
Revenue Center Payment Method Indicator Code	
Revenue Center Discount Indicator Code	
Revenue Center Packaging Indicator Code	
Revenue Center Pricing Indicator Code	

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<u>Element</u>	<u>Encryption Method</u>
Revenue Center Obligation to Accept as Full (OTAF) Payment Code	
Revenue Center IDE/NDC/UPC Number	
Revenue Center Unit Count	
Revenue Center Rate Amount	
Revenue Center Blood Deductible Amount	
Revenue Center Cash Deductible Amount	
Revenue Center Coinsurance/Wage Adjusted Coinsurance Amount	
Revenue Center Reduced Coinsurance Amount	
Revenue Center 1 st Medicare Secondary Payer Paid Amount	
Revenue Center 2nd Medicare Secondary Payer Paid Amount	
Revenue Center Provider Payment Amount	
Revenue Center Beneficiary Payment Amount	
Revenue Center Patient Responsibility Payment Amount	
Revenue Center Payment Amount	
Revenue Center Total Charge Amount	
Revenue Center Non-Covered Charge Amount	
Revenue Center Deductible Coinsurance Code	